

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

EFT	PAPER	DFAS USE ONLY
		VENDOR#:

*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES

DIVISION	UNIT/OFFICE		
DFAS	Cole		
CONTACT PERSON NAME	PHONE NUMBER		
Joy Benne	751-7027		
VENDOR/PAYEE NAME	AMOUNT OF PAYMENT		
Alliance For Life - Missouri Inc	\$179,194.85		

CONTRACT, ER, OR PG NUMBER <i>(if applicable)</i>	CS170042001	
CODING INFORMATION:		
ORGANIZATION CODE(S) TO BE CHARGED:	3155	
DESCRIPTION OF CODING OR FUNDING SOURCE <i>(Indicate the exact words from coding sheet):</i>		
ALTERNATIVES TO ABORTION		
GR 100% 0101 886 3155 2955 1536 Q221		

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE		
August 2018 Payment		

DFAS USE ONLY--DO NOT WRITE/MARK BELOW		
ENCUMBER:		DATE:
PURCHASING:		
PO#	COMM LINE:	INIT/DATE:
ACCOUNTS PAYABLE		
DATA ENTRY:		APPROVAL:

Alternatives to Abortion Invoice

“ORIGINAL”
Only Invoice Available

Contract # CS170042001

Vendor Number: [REDACTED]

Vendor Name: Alliance for Life - Missouri Inc

Vendor Address: 487 SW Ward Rd

Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
P.O. Box 1643
Jefferson City, MO 65102-1643

Invoice Number: 2019-02

Invoice Date: 8/1/2018

Service Period: August 1 - August 31, 2018

Total Contracted Allocation	Prior Invoiced Total	Monthly Award Amount
\$ 2,150,338.14	\$ 179,194.85	\$ 179,194.85
Monthly cash on hand adjustment	\$ -	\$ -
Quarterly expenditure adjustment:	\$ -	\$ -
Total Due:	\$ 179,194.85	
Allocation Remaining	\$ 1,791,948.45	

Signature: _____ *Marie Middleton* _____

*Approved
8/7/18
Amy E. Bonne*

DSS/DHAS

2018 AUG - 7 AM 8:05

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